

# PART B - FEE(S) TRANSMITTAL

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(Signature)
(Date)

45311 7590 07/25/2007

**KNOBBE, MARTENS, OLSON & BEAR, LLP**  
**2040 MAIN STREET**  
**FOURTEENTH FLOOR**  
**IRVINE, CA 92614**

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10630,629 07/29/2003

David L. Narum

NIH290,001CI

9060

TITLE OF INVENTION: ANTI-PLASMODIUM COMPOSITIONS AND METHODS OF USE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUB	PUBLICATION FEE DUB	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUB	DATE DUE
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nonprovisional

NO

\$1400

\$300

\$0

\$1700

10/25/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
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DUFFY, PATRICIA ANN

1645

424-191100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. **KNOBBE, MARTENS,**

2. **OLSON & BEAR, LLP**

3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.111. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

The Government of the United States of America, as represented

by the Secretary, Department of Health and Human Services

Washington, D.C.

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☒ Government

4a. The following fee(s) are submitted:

☒ Issue Fee

☒ Publication Fee (No small entity discount permitted)

☒ Advance Order - # of Copies: 10

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5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*Nancy W. Vensko*

Date October 24, 2007

Typed or printed name Nancy W. Vensko

Registration No. 36,298

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